## REST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998  9 47 3 9 3													
	CLAIMS AS FILED - PART I  (Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA  SMALL ENTITY OTHER TI  TYPE OR SMALL EN  RATE FEE RATE												
FOR			NUMB	ER FILED	N	NUMBER EXTRA				FEE	1		FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			U			• 34			<b>(\$ 9=</b>		OR	X\$18=	432
INDEPENDENT CLAIMS			√ minus 3 =			* /			X39=		OR	X78=	78
ΜL	JLTIPLE DEPEN	NDENT (	LAIM P	RESENT	105				100				٠,
* If the difference in column 1 is less than zero, enter "0" in column 2									130=		OR	+260=	£60
				MENDED				1	OTAL		OR	TOTAL OTHER	1530
		(Colu	mn 1)		(Colu	mn 2)	(Column 3)	s	MALL	ENTITY	OR	SMALL	
AMENDMENT &	**************************************	REMA AF AMEN	AIMS AINING TER DMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* 3	30	Minus	** 8	<u>+0</u>	=	×	(\$ 9=		OR	X\$18=	
AME	Independent	*	2	Minus	***	4	=	` <b>&gt;</b>	(39=		OR	X78=	
	FIRST PRESE	- ULTIPLE DEF		130=		OR	+260=						
									TOTAL		l,,, '	TOTAL	
		(Colu	mn 1)		(Colu	mn 2)	(Column 3)	ADD	IT. FEE		J	ADDIT. FEE	
ENT 8		REMA	AIMS AINING TER OMENT		HIGH NUM PREVI		PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 3	2	Minus	** 3	Q	=	×	\$ 9=		OR	X\$18=	
	Independent	* (	2-	Minus	***	4	=	×	39=		OR	X78=	
	FIRST PRESE	NTATIO	N OF MI	ULTIPLE DEF	PENDEN	T CLAIM							
									TOTAL		OR	+260= TOTAL	
	9	<b>-</b> 	4\		<b>(0.1</b>		(0.1		IT. FEE		OR ,	ADDIT. FEE	
ပ		CLA			(Colui	IEST	(Column 3)			ADDI-	ſ	· · · · · · · · · · · · · · · · · · ·	ADDI
AMENDMENT C		REMA AFT AMENT	ER	diese 12	PREVIO		PRESENT EXTRA	R.	ATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 5	0	Minus	** 4		= ()	X	\$ 9=		OR	X\$18= \	3
AM	Independent FIRST PRESE	NTATIO!	OF MI	Minus	***	C CLAIM	-	X	39=		<del>OR</del>	X78=	
	INOTTNESE	MANO	T. OF IVIL	JETIFLE DEF	ENDEN	CLAIM		+1	30=		OR	+260=	
*	f the entry in colur f the "Highest Nur	nn 1 is le:	ss than th	e entry in colu	mn 2, write	e "0" in col	umn 3.	<u> </u>	TOTAL		OB	TOTAL	OCV
***	If the "Highest Nur The "Highest Num	mber Prev	riously Pa	aid For" IN THIS	SSPACE	is less tha	n 3, enter "3."	الالالم	T. FEE	propriate box	_	ADDIT. FEE.	7

Application or Docket Number